

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		0					61						
12		0					62						
13		0					63						
14		1					64						
15		1					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27		1					77						
28		0					78						
29		3					79						
30		0					80						
31		1					81						
32		0					82						
33		0					83						
34		0					84						
35	1						85						
36		1					86						
37		1					87						
38		2					88						
39		2					89						
40		3					90						
41		3					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	54						TOTAL CLAIMS						